



# FALLEN HEROES



SATURDAY, APRIL 30, 2016

AT THE KILLEEN COMMUNITY CENTER

<b>Entry Fee</b>	On or before April 27, 2016 at 5:00 P.M.: <b>\$20.00</b> ; Online Registration will CLOSE Wednesday, April 27 On race day, April 30th, 2016: <b>\$25.00</b> No registration will be accepted Thursday or Friday, April 28-29, 2016 T-Shirt guaranteed if registered by April 27, 2016 day of the race.
<b>Packet Pick-up/Check-In</b>	Race packets <b>MUST</b> be picked up on <b>FRIDAY, APRIL 29th</b> , by <b>10:00pm</b> at the <i>Family Recreation Center, 1700 E. Stan Schlueter Loop</i> . Left over packets will be available at 6:30am on race day at the <i>Killeen Community Center</i> . Refreshments will be available after the race.
<b>Course: Start &amp; Finish</b>	See map below for course directions. Race begins at the <i>Killeen Community Center</i> at 8:00 am
<b>Awards</b>	Awards will be given to overall male and female winners, and top three finishers in each age group as follows: (Male & Female) 0-11, 12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & Older. Participation medals will be guaranteed to the first 750 pre-registered runners day of the race.

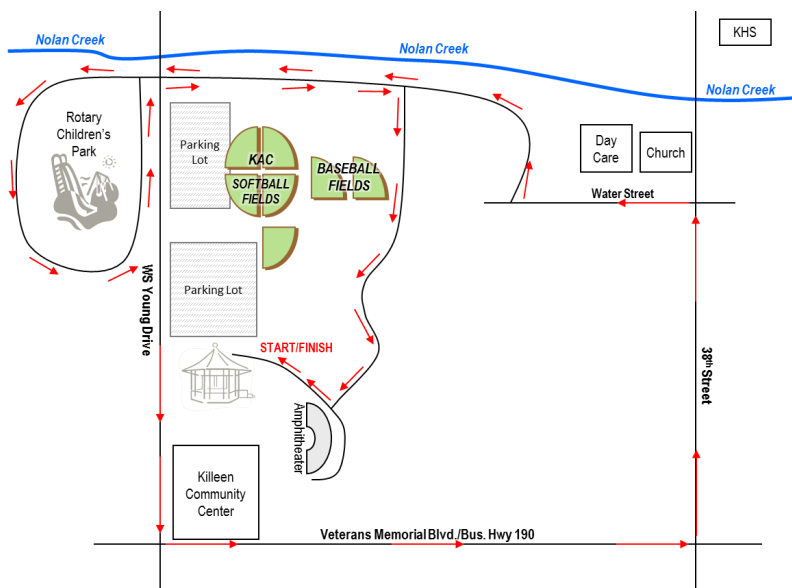


**Make checks payable to:**  
**KPD L.E.A.F.**

**\*\*All checks MUST have a driver's license number to be processed\*\***

**Mail entry form & payment to:**

KPD L.E.A.F.  
ATTN: Carroll Smith  
3304 Community Blvd.  
Killeen, Texas 76542



----- Fallen Heroes 5K Entry Form -----

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CIRCLE ONE: Male Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
CIRCLE SHIRT SIZE: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XLarge Adult XXLlarge

In consideration for the acceptance of my entry, I and my heirs, executors, administrators, and assignees, do hereby release the City of Killeen, KPD L.E.A.F., Pro-Fit Event Services, its employees, officers, volunteers, agents and other activity sponsors from any and all claims, damages of every type, cause of action, costs attorney fees, and interest which now exists or hereafter, arising out of or related to acts or omissions of myself or the City of Killeen during my participation in the 5K. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically and sufficiently trained to safely participate in the event. I have read and fully understand the content and meaning of this statement.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian (if under 18 years of age): \_\_\_\_\_

----- FOR OFFICE USE ONLY -----

Method of Payment: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_